



QUARTERLY STATEMENT  
AS OF MARCH 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE  
TOTAL HEALTH CARE USA, INC.

NAIC Group Code	1238 (Current Period)	1238 (Prior Period)	NAIC Company Code	12326	Employer's ID Number	38-3240485
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	02/18/1994		Commenced Business	02/18/1994		
Statutory Home Office	3011 W. GRAND BLVD., SUITE 1600 (Street and Number)		DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)			
Main Administrative Office			3011 W. GRAND BLVD., SUITE 1600 (Street and Number)			
	DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)		(313)871-2000 (Area Code) (Telephone Number)			
Mail Address	3011 W. GRAND BLVD., SUITE 1600 (Street and Number or P.O. Box)		DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			3011 W. GRAND BLVD., SUITE 1600 (Street and Number)			
	DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)		(313)871-2000 (Area Code) (Telephone Number)			
Internet Web Site Address	THCMI.COM					
Statutory Statement Contact	NICOLE ROUSH, CFO (Name)		(313)871-6402 (Area Code)(Telephone Number)(Extension)			
	NROUSH@THCMI.COM (E-Mail Address)		(313)871-4762 (Fax Number)			

OFFICERS

Name	Title
RANDY NAROWITZ	EXECUTIVE DIRECTOR
GERTRUDE HELEN MINKIEWICZ	V-CHAIRPERSON/SECRETARY
DOUGLAS PAUL BAKER	CHAIRPERSON/TREASURER
ROBYN JAMES ARRINGTON JR., M.D.	MEDICAL DIRECTOR

OTHERS

DIRECTORS OR TRUSTEES

DOUGLAS PAUL BAKER  
GERTRUDE HELEN MINKIEWICZ  
RUBY OCTAVIA COLE

State of Michigan  
County of WAYNE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) RANDY NAROWITZ (Printed Name) 1. EXECUTIVE DIRECTOR (Title)	(Signature) NICOLE ROUSH (Printed Name) 2. CHIEF FINANCIAL OFFICER (Title)	(Signature) DOUGLAS PAUL BAKER (Printed Name) 3. CHAIRPERSON/TREASURER (Title)
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Subscribed and sworn to before me this  
day of , 2018

- a. Is this an original filing?  
b. If no, 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds .....	991,620		991,620	995,850
2.	Stocks:				
2.1	Preferred stocks .....				
2.2	Common stocks .....				
3.	Mortgage loans on real estate:				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3	Properties held for sale (less \$.....0 encumbrances) .....				
5.	Cash (\$.....77,450,985), cash equivalents (\$.....626,776) and short-term investments (\$.....0) .....	78,077,761		78,077,761	63,798,554
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives .....				
8.	Other invested assets .....				
9.	Receivables for securities .....				
10.	Securities lending reinvested collateral assets .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	79,069,381		79,069,381	64,794,404
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	193,782		193,782	131,266
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	1,113,685	78,654	1,035,031	1,054,442
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....860,555) .....	860,555		860,555	589,310
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers .....	294,155	2,692	291,463	286,786
16.2	Funds held by or deposited with reinsured companies .....				
16.3	Other amounts receivable under reinsurance contracts .....				
17.	Amounts receivable relating to uninsured plans .....				
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....				
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....				
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....				
22.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	69		69	69
24.	Health care (\$.....930,951) and other amounts receivable .....	1,202,812	271,861	930,951	646,091
25.	Aggregate write-ins for other-than-invested assets .....	1,431,165	1,298,953	132,212	14,522
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	84,165,604	1,652,160	82,513,444	67,516,890
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	84,165,604	1,652,160	82,513,444	67,516,890
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	Prepaid .....	14,913	14,913		
2502.	AR - Other .....	132,212		132,212	14,522
2503.	Deferred PPACA Fees .....	1,284,040	1,284,040		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,431,165	1,298,953	132,212	14,522

**LIABILITIES, CAPITAL AND SURPLUS**

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	21,138,172		21,138,172	10,280,811
2.	Accrued medical incentive pool and bonus amounts .....	1,025,297		1,025,297	942,920
3.	Unpaid claims adjustment expenses .....	398,858		398,858	176,000
4.	Aggregate health policy reserves, including the liability of \$.....3,964,189 for medical loss ratio rebate per the Public Health Service Act .....	4,910,022		4,910,022	4,723,189
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserve .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....	6,150,247		6,150,247	4,867,192
9.	General expenses due or accrued .....	2,444,795		2,444,795	686,828
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2	Net deferred tax liability .....				
11.	Ceded reinsurance premiums payable .....				
12.	Amounts withheld or retained for the account of others .....				
13.	Remittances and items not allocated .....				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....				
16.	Derivatives .....				
17.	Payable for securities .....				
18.	Payable for securities lending .....				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20.	Reinsurance in unauthorized and certified (\$.....0) companies .....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
22.	Liability for amounts held under uninsured plans .....				
23.	Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24.	Total liabilities (Lines 1 to 23) .....	36,067,391		36,067,391	21,676,940
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		1,712,053
26.	Common capital stock .....	X X X	X X X		
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X	6,273,089	6,273,089
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	40,172,964	37,854,808
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	46,446,053	45,839,950
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	82,513,444	67,516,890
DETAILS OF WRITE-INS					
2301.	.....				
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....				
2501.	.....	X X X	X X X		
2502.	2017 ACA Fee Assessment payable in 2018 .....	X X X	X X X		1,712,053
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		1,712,053
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

**STATEMENT OF REVENUE AND EXPENSES**

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months .....	X X X .....	137,793	109,502	426,045
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	49,767,654	37,214,469	145,253,926
3.	Change in unearned premium reserves and reserves for rate credits .....	X X X .....			
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....			
5.	Risk revenue .....	X X X .....	84,672	330,543	2,793,565
6.	Aggregate write-ins for other health care related revenues .....	X X X .....			
7.	Aggregate write-ins for other non-health revenues .....	X X X .....			
8.	Total revenues (Lines 2 to 7) .....	X X X .....	49,852,326	37,545,012	148,047,491
<b>Hospital and Medical:</b>					
9.	Hospital/medical benefits .....		30,010,686	21,368,445	67,369,543
10.	Other professional services .....		1,995,341	1,566,353	6,804,915
11.	Outside referrals .....				
12.	Emergency room and out-of-area .....		2,960,024	2,544,005	11,230,397
13.	Prescription drugs .....		5,829,064	5,225,030	22,762,214
14.	Aggregate write-ins for other hospital and medical .....				
15.	Incentive pool, withhold adjustments and bonus amounts .....		(165,564)	(43,805)	197,728
16.	Subtotal (Lines 9 to 15) .....		40,629,551	30,660,028	108,364,797
<b>Less:</b>					
17.	Net reinsurance recoveries .....		103,550	(45,617)	318,368
18.	Total hospital and medical (Lines 16 minus 17) .....		40,526,001	30,705,645	108,046,429
19.	Non-health claims (net) .....				
20.	Claims adjustment expenses, including \$.....0 cost containment expenses .....		96,989	83,589	355,613
21.	General administrative expenses .....		7,592,611	5,965,886	24,625,098
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....				
23.	Total underwriting deductions (Lines 18 through 22) .....		48,215,601	36,755,120	133,027,140
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	1,636,725	789,892	15,020,351
25.	Net investment income earned .....		205,256	66,186	453,021
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27.	Net investment gains or (losses) (Lines 25 plus 26) .....		205,256	66,186	453,021
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29.	Aggregate write-ins for other income or expenses .....				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X .....	1,841,981	856,078	15,473,372
31.	Federal and foreign income taxes incurred .....	X X X .....			
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	1,841,981	856,078	15,473,372
<b>DETAILS OF WRITE-INS</b>					
0601.	.....	X X X .....			
0602.	.....	X X X .....			
0603.	.....	X X X .....			
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....			
0701.	.....	X X X .....			
0702.	.....	X X X .....			
0703.	.....	X X X .....			
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....			
1401.	Clinical Incentive .....				
1402.	.....				
1403.	Other Expense .....				
1498.	Summary of remaining write-ins for Line 14 from overflow page .....				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901.	.....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page .....				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>				
33.	Capital and surplus prior reporting year .....	45,839,950	29,917,375	29,917,375
34.	Net income or (loss) from Line 32 .....	1,841,981	856,078	15,473,372
35.	Change in valuation basis of aggregate policy and claim reserves .....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....			
37.	Change in net unrealized foreign exchange capital gain or (loss) .....			
38.	Change in net deferred income tax .....			
39.	Change in nonadmitted assets .....	(1,235,878)	242,682	449,203
40.	Change in unauthorized and certified reinsurance .....			
41.	Change in treasury stock .....			
42.	Change in surplus notes .....			
43.	Cumulative effect of changes in accounting principles .....			
44.	Capital Changes:			
44.1	Paid in .....			
44.2	Transferred from surplus (Stock Dividend) .....			
44.3	Transferred to surplus .....			
45.	Surplus adjustments:			
45.1	Paid in .....			
45.2	Transferred to capital (Stock Dividend) .....			
45.3	Transferred from capital .....			
46.	Dividends to stockholders .....			
47.	Aggregate write-ins for gains or (losses) in surplus .....			
48.	Net change in capital and surplus (Lines 34 to 47) .....	606,103	1,098,760	15,922,575
49.	Capital and surplus end of reporting period (Line 33 plus 48) .....	46,446,053	31,016,135	45,839,950
<b>DETAILS OF WRITE-INS</b>				
4701.	.....	.....	.....	.....
4702.	.....	.....	.....	.....
4703.	.....	.....	.....	.....
4798.	Summary of remaining write-ins for Line 47 from overflow page .....	.....	.....	.....
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	.....	.....	.....

**CASH FLOW**

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance .....	50,932,129	37,020,998	146,975,034
2.	Net investment income .....	142,740	40,984	369,496
3.	Miscellaneous income .....	(220,790)	179,040	3,297,103
4.	TOTAL (Lines 1 to 3) .....	50,854,079	37,241,022	150,641,633
5.	Benefit and loss related payments .....	29,513,337	25,617,735	112,572,671
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	5,708,774	5,911,158	25,152,985
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			
10.	TOTAL (Lines 5 through 9) .....	35,222,111	31,528,893	137,725,656
11.	Net cash from operations (Line 4 minus Line 10) .....	15,631,968	5,712,129	12,915,977
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....		249,000	999,000
12.2	Stocks .....			
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7	Miscellaneous proceeds .....	4,230		5,690
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7) .....	4,230	249,000	1,004,690
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....		250,000	1,000,000
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....		85	
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....		250,085	1,000,000
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	4,230	(1,085)	4,690
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	(1,356,991)	109,396	73,732
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(1,356,991)	109,396	73,732
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	14,279,207	5,820,440	12,994,399
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	63,798,554	50,804,155	50,804,155
19.2	End of period (Line 18 plus Line 19.1) .....	78,077,761	56,624,595	63,798,554

**Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:**

20.0001				
20.0002				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	34,348	7,361	26,987							
2. First Quarter .....	45,983	18,428	27,555							
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	137,793	55,072	82,721							
Total Member Ambulatory Encounters for Period:										
7. Physician .....	54,554	19,981	34,573							
8. Non-Physician .....	21,064	7,621	13,443							
9. Total .....	75,618	27,602	48,016							
10. Hospital Patient Days Incurred .....	3,498	1,220	2,278							
11. Number of Inpatient Admissions .....	744	262	482							
12. Health Premiums Written (a) .....	49,899,983	19,658,937	30,241,046							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	49,899,983	19,658,937	30,241,046							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	29,586,264	10,599,591	18,986,673							
18. Amount Incurred for Provision of Health Care Services .....	40,629,551	16,974,552	23,654,999							

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
Envision .....	1,067,243					1,067,243
0199999 Individually Listed Claims Unpaid .....	1,067,243					1,067,243
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	2,492,304					2,492,304
0499999 Subtotals .....	3,559,547					3,559,547
0599999 Unreported claims and other claim reserves .....						17,578,625
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						21,138,172
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						1,025,297



**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) .....	7,875,779	21,958,425	2,846,538	18,291,634	10,722,317	10,280,811
2.	Medicare Supplement .....						
3.	Dental only .....						
4.	Vision only .....						
5.	Federal Employees Health Benefits Plan .....						
6.	Title XVIII - Medicare .....						
7.	Title XIX - Medicaid .....						
8.	Other health .....						
9.	Health subtotal (Lines 1 to 8) .....	7,875,779	21,958,425	2,846,538	18,291,634	10,722,317	10,280,811
10.	Healthcare receivables (a) .....						
11.	Other non-health .....						
12.	Medical incentive pools and bonus amounts .....	19,624	(267,564)	923,297	102,000	942,921	942,920
13.	Totals (Lines 9 - 10 + 11 + 12) .....	7,895,403	21,690,861	3,769,835	18,393,634	11,665,238	11,223,731

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Nature of Business and Summary of Significant Accounting Policies

Total Health Care USA, Inc. (the "Company"), a not-for-profit corporation and wholly owned subsidiary of Total Health Care, Inc., operates as a state-licensed health maintenance organization (HMO). The Company provides medical services to persons primarily in southeastern Michigan who subscribe as part of an employer group or as individuals.

a. Accounting Practices

The accompanying financial statements of Total Health Care USA, Inc. (the “Company” or “THC”) have been prepared in conformity with statutory accounting practices prescribed or permitted by Section 1007 of the Michigan statutes of the state of Michigan for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Michigan Insurance law. The National Association of Insurance Commissioners (“NAIC”) Accounting Practices and Procedures Manual, (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

Statutory accounting principles differ from generally accepted accounting principles (GAAP) in their definition of assets and liabilities. Specifically, certain assets (such as certain receivables from affiliates) are excluded from the statutory-basis balance sheet. GAAP net assets exceed statutory net assets by approximately \$1,652,000 and \$416,000 at March 31, 2018 and December 31, 2017, respectively. There are no significant differences between statutory accounting principles prescribed by NAIC and the State of Michigan accounting requirements that are applicable to the Company.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

NET INCOME		<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2018</u>	<u>2017</u>
(1) Total Health Care USA state basis (Page 4, Line32, Columns 2 & 3)		XXX	XXX	XXX	1,841,981	15,473,372
(2) State Prescribed Practices that increase (decrease) NAIC SAP:		N/A	N/A	N/A	-	-
(3) State Permitted Practices that increase (decrease) NAIC SAP:		N/A	N/A	N/A	-	-
(4) NAIC SAP	(1-2-3=4)	XXX	XXX	XXX	1,841,981	15,473,372
SURPLUS						
(5) Total Health Care USA state basis (Page 3, Line 33, Columns 3 & 4 )		XXX	XXX	XXX	46,446,053	45,839,950
(6) State Prescribed Practices that increase (decrease) NAIC SAP:		N/A	N/A	N/A	-	-
(7) State Permitted Practices that increase (decrease) NAIC SAP:		N/A	N/A	N/A	-	-
(8) NAIC SAP	(5-6-7=8)	XXX	XXX	XXX	46,446,053	45,839,950

b. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

Certain significant estimates exist relating to unpaid claims. It is at least reasonably possible that these estimates will be materially revised in the near term.

## Notes to Financial Statement

### c. Accounting Policy

**Cash and Short-term Investments** - The Company considers all highly liquid investments purchased with an original maturity of three months or less when purchased to be cash equivalents. Certificates of deposit in banks or other similar financial institutions with maturity dates of one year or less from the acquisition date are considered cash under statutory accounting principles. Short-term investments are stated at amortized cost.

**In addition**, the Company uses the following accounting policies:

(1) Short-term investments and long-term certificates of deposit are recorded at amortized cost, which approximates fair market value. Long-term certificates of deposit are classified as bonds on the balance sheet per statutory guidance. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in net investment income on the statement of operations. Changes in unrealized gains and losses on investments are included as a direct adjustment to capital and surplus.

(2) Bonds are not backed by other loans and are stated at amortized cost using the interest method.

(3) The Company had no common stock.

(4) The Company had no preferred stock.

(5) The Company had no mortgage loans.

(6) The Company had no loan-backed securities.

(7) The Company had no subsidiaries, controlled or affiliated investments.

(8) The Company had no joint ventures of limited partnerships.

(9) The Company had no derivatives.

(10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.

(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.

(12) The Company has not modified its capitalization policy from the prior period.

(13) The Company's pharmaceutical rebate receivables are estimated based prior period actual receipts.

**Revenue Recognition and Accounts Receivable** - Subscriber premiums are recognized in the period that members are entitled to related health care services. A substantial portion of health premiums due and unpaid is due from third-party payers for subscribers located within southeastern Michigan. Health premiums due and unpaid are stated at invoice amounts. No allowance for doubtful accounts is recorded at March 31, 2018 and December 31, 2017, respectively. Unpaid invoices greater than 90 days old are treated as non-admitted for statutory accounting purposes. Approximately \$78,654 and \$25,075 of receivables greater than 90 days old were non-admitted at March 31, 2018 and December 31, 2017, respectively.

**Recognition of Medical and Hospital Expenses** - Medical and hospital expenses and the related liabilities are recorded when eligible medical and hospital services are authorized or performed. Claims unpaid represent management's estimate of the ultimate cost to settle all claims incurred prior to year-end.

**Physician Group Contracts** - The Company contracts with certain physician groups for the provision of medical care and compensates the groups on a capitation basis. These contracts have a pay-for-performance incentive. If the providers meet the incentives, they share in the savings and a payable is recorded. If the providers do not meet the incentives, they share in the excess costs and a health care receivable is recorded if deemed collectible by management. During 2018 and 2017, health care receivables and payables have been recorded from/to providers.

Notes to Financial Statement

**Hospital and Other Group Contracts** - The Company contracts with several hospitals and other groups. These contracts are paid under a capitation fee or various other charge arrangements.

**Malpractice Claims** - The Company has a claims-made policy for malpractice insurance. The Company's policy is to accrue for estimated costs of claims and incidents during the term of the claims-made policy.

**Employee, Office Space and Equipment Leasing Agreement** - The Company has an employee, office space and equipment leasing agreement with Total Health Care, Inc., its parent company, which is responsible for payment of most of the management, operational, and administrative expenses. Ultimate operational control rests with the board of directors of Total Health Care USA, Inc.

**Income Taxes** - Total Health Care USA, Inc. has received federal income tax exemption under Internal Revenue Code Section 501(c)(4). The Company is also exempt from state and local income taxes.

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

- a. Statutory Purchase Method- None
- b. Statutory Merger - None
- c. Assumption Reinsurance – None
- d. Impairment Loss – None

4. Discontinued Operations

None

5. Investments

- a. Mortgage Loans, including Mezzanine Real Estate Loans – None
  - b. Debt Restructuring – None
  - c. Reverse Mortgages – None
  - d. Loan-Backed Securities – None
  - e. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
  - f. Repurchase Agreements Transactions Accounted for as Secured Borrowing –None
  - g. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing –None
  - h. Repurchase Agreements Transactions Accounted for as a Sale – None
  - i. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
  - j. Real Estate – None
  - k. Low-income housing tax credits (LIHTC) – None
  - l. Restricted Assets
- (1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Assets	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Assets

Notes to Financial Statement

a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
e. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale						
i..FHLB capital stock						
j. On deposit with states	1,000,078	1,002,337	(2,259)	1,000,078	1.19%	1.21%
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB(including assets backing funding agreements)						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	\$ 1,000,078	\$ 1,002,337	\$ (2,259)	\$ 1,000,078	1.19%	1.21%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets – None

m. Working Capital Finance Investments - None

n. Offsetting and Netting of Assets and Liabilities - None

o. Structured Notes – Notes

p. 5\* Securities – None

q. Short Sales –None

r. Prepayment Penalty and Acceleration Fees --None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company does not have any Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of the admitted assets.

B. The Company does not have any impaired Joint Ventures, Partnerships and Limited Liability Companies.

7. Investment Income

## Notes to Financial Statement

- a. All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.
- b. The Company had no investment income due and accrued excluded from surplus.

### 8. Derivative Instruments

None

### 9. Income Taxes

None

### 10. Information Concerning Parent, Subsidiaries and Affiliates

**a, b, & c**

The Company is a wholly owned subsidiary of Total Health Care, Inc., the parent company.

**d. Amounts Due for or to Related Parties** – At March 31, 2018 and December 31, 2017, the Company had amounts due from(to) parent of \$69 and \$69 respectively, resulting from costs paid for the Company on behalf of the parent for operating expenses.

**e. Guarantees** – The Company has no guarantees with any companies within its holding company structure.

**f. Material Employee, Office Space and Equipment Leasing Agreement** – The Company has an employee, office space and equipment leasing agreement with Total Health Care, Inc. The agreement calls for Total Health Care, Inc. to provide personnel, office space, and supplies necessary to the Company in order for the Company to carry out its HMO business operations. The agreement calls for the Company to pay Total Health Care, Inc. 12-13 percent of the Company's gross revenue from the second preceding month after certain deductions. During 2018 and 2017 the Company paid \$4,849,456 and \$17,780,638, respectively, related to this agreement.

**g. Common Control** – All outstanding shares of Total Health Care USA, Inc. are owned by the Parent Company, Total Health Care, Inc, an insurance holding company domiciled in the State of Michigan.

**h. Deductions in Value** - There have been no deductions in value between affiliated companies.

**i. SCA that exceed 10% of Admitted Assets** - None

**j. Impaired SCAs** - The Company did not recognize any impairment write down for its investments in Subsidiary, Controlled, or Affiliated Companies during the statement period.

**k. Foreign Subsidiary** - None

**l. Downstream Noninsurance Holding Company** – None

**m. All SCA Investments** – None

**n. Investment in Insurance SCAs** - None

### 11. Debt

None

### 12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and other Postretirement Benefit Plans.

a.- d. Defined Benefit Plan – None

e. Defined Contribution Plans – None.

f. Multi-Employer Plan – None

## Notes to Financial Statement

- g. Consolidated/Holding Company Plans – None
- h. Post-Employment Benefits and Compensated Absences – None
- i. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

### 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has issued no capital stock.
- (2) The Company has no preferred stock outstanding.
- (3) Dividends are paid as determined by the Board of Directors with the approval of the Commissioner of the State of Michigan Office of Insurance Regulation, as long as the Company meets or exceeds minimum surplus requirements.
- (4) During 2018 the Company did not pay dividends.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being paid.
- (7) The Company has no advances to surplus not repaid.
- (8) The Company held no stock.
- (9) There were no changes to the balances of any special surplus funds from the prior year.
- (10) Portion of unassigned funds represented or reduced by unrealized gains or losses is \$0. The portion of unassigned funds (surplus) represented or reduced by the change in non-admitted asset values is \$(1,235,878) and \$449,203 at March 31, 2018 and December 31, 2017, respectively.
- (11) The Company did not issue any surplus debentures or similar obligations.
- (12) and (13) There have been no quasi-reorganizations.

### 14. Liabilities, Contingencies and Assessments

Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation and other matters are not considered material in relation to the financial position of the Company. No amounts have been accrued for losses as no losses are deemed probable or estimable. Estimated losses for claims-related matters are accrued as claims unpaid.

- a. Contingent Commitments – None
- b. Assessments – None
- c. Gain Contingencies – None
- d. Claims related extra contractual obligations and bad faith losses stemming from lawsuits – None
- e. Joint and Several Liabilities - None
- f. All Other Contingencies – There are no balances of assets covered by SSAP No. 6, Uncollected Premium Balances, Bills Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.

### 15. Leases

None

### 16. Information about Financial Instruments with off-balance sheet risk and financial instruments with concentrations of credit risk.

Notes to Financial Statement

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities.

- a. Transfers of Receivables reported as Sales – None
- b. Transfer and Servicing of Financial Assets – None
- c. Wash Sales – None

18. Gain or Loss to the Reporting Entity from Uninsured A & H Plans and the Uninsured Portion of Partially Insured Plans.

- a. ASO Plans – None
- b. ASC Plans – None.
- c. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

None

20. Fair Value Measurements

The following table presents information about the Company’s assets and liabilities measured at fair value at March 31, 2018, and the valuation techniques used by the Company to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Company has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based in the lowest level input that is significant to the valuation. The Company’s assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

The fair value of bonds was determined primarily based on level 2 inputs. The Company obtains the fair value of these investments based on values determined and provided by the investment custodians.

A. (1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)		(Level 2)		(Level 3)		Total	
a. Assets at Fair Value								
Perpetual Preferred Stock								
Industrial and Misc	\$	-	\$	-	\$	-	\$	-
Parent, Subsidiaries and Affiliates		-		-		-		-
Total Perpetual Preferred Stocks	\$	-	\$	-	\$	-	\$	-
Bonds								
U.S. Governments	\$	-	\$	-	\$	-	\$	-
Industrial and Misc		-		1,000,078		-		1,000,078
Hybrid Securities		-		-		-		-
Parent, Subsidiaries and Affiliates		-		-		-		-
Total Bonds	\$	-	\$	1,000,078	\$	-	\$	1,000,078
Common Stock								
Industrial and Misc	\$	-	\$	-	\$	-	\$	-



Notes to Financial Statement

Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative Assets				
Interest Rate Contracts	\$ -	\$ -	\$ -	\$ -
Foreign Exchange Contracts	-	-	-	-
Credit Contracts	-	-	-	-
Commodity Futures Contracts	-	-	-	-
Commodity Forward Contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate Account Assets	\$ -	\$ -	\$ -	\$ -
Total Assets at Fair Value	\$ -	\$ 1,000,078	\$ -	\$ 1,000,078
b. Liabilities at Fair Value				
Derivative Liabilities	\$ -	\$ -	\$ -	\$ -
Total Liabilities at Fair Value	\$ -	\$ -	\$ -	\$ -

(2) Fair Value Measurements in (Level 3) of the Fair Value - None

(3) The Company’s policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) The Company has not valued any securities at a Level 3.

(5) Derivative assets and liabilities- None

B. N/A

C. Aggregate Fair Value for all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value		Admitted Assets		Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$	1,000,078	\$	1,000,078	\$ -	\$ 1,000,078	\$ -	\$ -
Cash		-		-	-	-	-	-
Short Term Certificates of Deposit		-		-	-	-	-	-
Money Market Funds		-		-	-	-	-	-
Totals	\$	1,000,078	\$	1,000,078	\$ -	\$ 1,000,078	\$ -	\$ -

D. Not Practicable to Estimate Fair Value – N/A

21. Other Items

a. Extraordinary Items – None

b. Troubled Debt Restructuring – None

Notes to Financial Statement

c. Other Disclosures and Unusual Items – Funds Maintained Under Statutory Requirements - The Company maintains segregated funds under statutory requirements to protect members and health care providers in the event the Company is unable to meet its contractual obligations. These funds can be issued only at the direction of the insurance commissioner in accordance with statutory and contractual provisions. At March 31, 2018 and December 31, 2017, \$1,000,078 and \$1,002,337, respectively were held in long-term certificates of deposit and money market funds to fulfill these requirements. Interest earned on these funds can be utilized by the Company.

At March 31, 2018 and December 31, 2017, respectively the Company had admitted assets of \$1,965,982 and \$1,700,533, respectively, in health premiums due and unpaid for amounts due from subscribers, governmental entities, and other health care providers. The Company routinely assessed the collectability of these receivables and directly wrote off any uncollectible receivables accordingly. Receivables greater than 90 days are considered non-admitted for statutory purposes.

d. Business Interruption Insurance Recoveries - None

e. State Transferable and Non-transferable Tax Credits - None

f. Subprime Mortgage Related Risk Exposure – None

g. Retained Assets – None

h. Insurance-Linked Securities (ILS) Contracts - None

22. Events Subsequent

Type I. – Recognized Subsequent Events – No Change

Subsequent events have been considered through 02/26/2018 for the statutory statement issued on December 31, 2017.

None

Type II. – Non-recognized Subsequent Events – No Change

Subsequent events have been considered through 02/26/2018 for the statutory statement issued on December 31, 2017.

On January 1, 2018, the Company will be subject to an annual fee under section 9010 of the Affordable care Act (ACA) after a one year CMS reprieve. This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2018, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2018 to be \$1,712,053. This amount is reflected in special surplus. This assessment is expected to impact risk based capital by 3.73%. Reporting the ACA assessment as of December 31, 2017 would not have triggered an RBC action level.

	Current Year	Prior Year
A. ACA fee assessment payable for the upcoming year	\$ 1,712,053	\$ 0
B. ACA fee assessment paid	\$ 0	\$ 1,108,614
C. Premium written subject to ACA 9010 assessment	\$ 53,604,895	\$ 0
D. Total Adjusted Capital before surplus adjustment	\$ 45,839,950	\$ 29,917,375
E. Authorized Control Level before surplus adjustment	\$ 4,515,984	\$ 4,570,039
F. Total Adjusted Capital after surplus adjustment	\$ 44,127,897	\$ 29,917,375
G. Authorized Control Level after surplus adjustment	\$ 4,515,984	\$ 4,570,039
H. Would reporting the ACA assessment as of Dec. 31, 2017 trigger an RBC action level? (YES/NO)	No	No

23. Reinsurance

A. Ceded Reinsurance Report

Notes to Financial Statement

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( )                      No ( x )

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( )                      No ( x )

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes ( )                      No ( x )

a. Not Applicable

b. The Company had reinsurance recoverable receivables of \$291,463 and \$286,786 recorded at March 31, 2018 and December 31, 2017, respectively. In addition, the Company had \$2,692 and \$80,296 in ACA transitional reinsurance recoverable receivables recorded at March 31, 2018 and December 31, 2017, respectively for a total of \$294,155 and \$367,082 receivable at March 31, 2018 and December 31, 2017, respectively.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( )                      No ( x )

Section 3 – Ceded Reinsurance Report – Part B

(1) The estimated reduction in surplus is zero.

(2) The Company has renewed an agreement with Star Line Group effective November 1, 2017. The reinsurance policy provides the same coverage's on an annual per member basis after a \$300,000 (Commercial-Group) or \$300,000 (Commercial-Individual) deductible is reached. The maximum lifetime reinsurance indemnity payable under each agreement is \$2,000,000 per member. The reinsurance policy also provides for a supplemental corridor adjustment to reinsurance recoverable applied with the lower of: 1) 50% of reinsurance premiums paid, or 2) the amount by which reinsurance recoverable exceed 50% of the reinsurance premiums paid.

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its group health insurance business through a mathematical approach using an algorithm of the company's underwriting rules and experience rating practices.

B. The Company records accrued retrospective premium as an adjustment to earned premium.

Notes to Financial Statement

C. The amount of net premiums written by the Company at March 31, 2018 that are subject to retrospective rating features was \$49,899,983 that represented 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. At March 31, 2018, the Company had medical loss ratio rebates of \$3,964,189. At December 31, 2017, the Company had medical loss ratio rebates of \$3,964,189 required pursuant to the Public Health Service Act. At March 31, 2018 the actual 2017 rebate amounts were not yet known.

	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	-	2,552,911	1,411,278	-	3,964,189
(2) Medical loss ratio rebates paid	-	-	-	-	-
(3) Medical loss ratio rebates unpaid	-	2,552,911	1,411,278	-	3,964,189
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	XXX
Current Reporting Year-to-Date					
(1) Medical loss ratio rebates incurred	-	-	-	-	-
(2) Medical loss ratio rebates paid	-	-	-	-	-
(3) Medical loss ratio rebates unpaid	-	2,552,911	1,411,278	-	3,964,189
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	3,964,189

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premiums which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? **YES**

The Company recorded \$(271,505) and \$186,833 and \$(498,000) and \$759.000 (receivable)/due for the risk adjustment program estimates at March 31, 2018 and December 31, 2017, respectively. The Risk Corridor program is no longer in effect. The actual 2017 risk adjustment amounts are still not available at March 31, 2018. During the period ended December 31, 2017 the actual 2016 risk adjustment amount was determined to be a receivable of \$3,316,099 and the actual 2016 risk corridor amount was determined to be a payable of \$2,047,580.

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

a. Permanent ACA Risk Adjustment Program	March 31, 2018	December 31, 2017
	Amount	Amount
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 860,555	\$ 589,310
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 31,586	\$ 22,053

Notes to Financial Statement

3. Premium adjustments payable due to ACA Risk Adjustment	\$	945,833	\$	759,000
Operations (Revenue & Expenses)				
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	84,672	\$	2,371,145
5. Reported in expenses as ACA risk adjustment user fees (incurred/Paid)	\$	9,533	\$	22,053
b. Transitional ACA Reinsurance Program				
Assets				
1. Amount recoverable for claims paid due to ACA Reinsurance	\$	-	\$	-
2. Amount recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$	-	\$	-
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$	-	\$	-
Liabilities				
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$	-	\$	-
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$	-	\$	-
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	-	\$	-
Operations (Revenue & Expenses)				
7. Ceded reinsurance premiums due to ACA Reinsurance	\$	-	\$	-
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	-	\$	60,493
9. ACA Reinsurance contributions - not reported as ceded premium	\$	-	\$	-
c. Temporary ACA Risk Corridors Program				
Assets				
1. Accrued retrospective premiums due to ACA Risk Corridors	\$	-	\$	-
Liabilities				
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	-	\$	-
Operations (Revenue & Expenses)				
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$	-	\$	422,420
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	-	\$	-

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business  Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances To Prior Year Balances		Cummulative Balance from Prior years (Col 1- 3+7)	Cummulative Balance from Prior years (Col 2- 4+8)	
	<u>1</u> <u>Receivable</u>	<u>2</u> <u>(Payable)</u>	<u>3</u> <u>Receivable</u>	<u>4</u> <u>(Payable)</u>	<u>5</u> <u>Receivable</u>	<u>6</u> <u>(Payable)</u>					<u>7</u> <u>Receivable</u>
a. Permanent ACA Risk Adjustment Program 1. Premium adjustments receivable	468,000	-	-	-	468,000	-	-	-	A	468,000	-
2. Premium adjustments (payable)	-	(759,000)	-	-	-	(759,000)	-	-	B	-	(759,000)
3. Subtotal ACA Permanent											
Risk Adjustment Program	468,000	(759,000)	-	-	468,000	(759,000)	-	-		468,000	(759,000)

Notes to Financial Statement

b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	C	-	-
2. Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	D	-	-
3. Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	E	-	-
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	-	-	-	-	-	-	-	-	F	-	-
5. Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	G	-	-
6. Liability for amounts held uninsured plans	-	-	-	-	-	-	-	-	H	-	-
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-		-	-
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	I	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	J	-	-
3. Subtotal ACA Risk Corridors Program	-	-)	-	-	-	-	-	-	K	-	-
d. Total for ACA Risk Sharing											
Provisions	\$ 468,000	\$ (759,000)	\$ -	\$ -	\$ 468,000	\$ (759,000)	\$ -	\$ -		\$ 468,000	\$ (759,000 )

Explanations of Adjustments

A)	
B)	
C)	
D)	
E	
F)	
G)	
H	
I	
J)	
K)	

(4) Roll Forward of ACA Risk Corridor Asset and Liability Balances

Risk Corridors Program Year	Accrued During the Prior Year on Business Written	Received or Paid as of the Current Year on Business	Differences	Adjustments	Unsettled Balances as of the Reporting Date
-----------------------------	---	---	-------------	-------------	---

Notes to Financial Statement

	Before December 31 of the Prior Year		Written Before December 31 of the Prior Year		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1– 3+7)	Cumulative Balance from Prior Years (Col 2– 4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	B	\$	\$ -
b. 2015											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	D	\$	\$ -
c. 2016											
1. Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	E	\$	\$
2. Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$ -	F	\$	\$
d. Total for Risk Corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Explanations of Adjustments											
A)											
B)											
C)											
D)											
E)											
F)											

(5) ACA Risk Corridor Receivable: None

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non- admissions)  (1-2-3)	5 Non- admitted Amount	6 Net Admitted Asset  (4-5)
a. 2014	\$	\$	\$	\$	\$	\$
b. 2015	\$	\$	\$	\$	\$	\$
c. 2016	\$	\$	\$	\$	\$	\$
d. Total (a+b+c)	\$	\$	\$	\$	\$	\$

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2017 were \$11,399,731. As of March 31, 2018, \$7,895,403 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3,769,834 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a \$(265,506) unfavorable prior-year development since December 31, 2017 to March 31, 2018. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this increase,

Notes to Financial Statement

the Company experienced \$(265,506) of unfavorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

Reserves as of December 31, 2016 were \$16,291,478. As of December 31, 2017, \$13,122,815 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$325,647 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a \$2,843,016 favorable prior-year development since December 31, 2016 to December 31, 2017. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$2,843,016 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

The Company reports risk-sharing receivables and payables related to global capitation and specialty claims arrangements based upon the terms of its contracts.

Pharmaceutical rebates receivable at both March 31, 2018 and December 31, 2017 were \$0. Rebates are netted with pharmacy expense. During 2018 and 2017, pharmacy rebates in the amount of \$0 and \$159,600, respectively, were collected.

No Change

29. Participating Policies

None

30. Premium Deficiency Reserves – No Change

- |   |   |
|---|---|
| 1. Liability carried for premium deficiency reserves    | \$0   |
| 2. Date of the most recent evaluation of this liability | 02/26/2018  |
| 3. Was anticipated investment income utilized?          | Yes <input type="radio"/> No <input checked="" type="radio"/> |

31. Anticipated Salvage and Subrogation

Loss reserves have not been reduced for any salvage or subrogation. During 2018 and 2017, the Company received subrogation totaling \$34,446 and \$167,108, respectively.



**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**  
**GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[ ] No[ ] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[ ] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[ ]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[ ] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2015.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2015.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....03/31/2017.....
- 6.4 By what department or departments?

MICHIGAN DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[X] No[ ] N/A[ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[ ] N/A[ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
.....	.....	..... No .....	..... No .....	..... No .....	..... No .....

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended?

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

Yes[X] No[ ]

Yes[ ] No[X]

Yes[ ] No[X]

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 69

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[ ] No[X]
- 14.2 If yes, please complete the following:

**GENERAL INTERROGATORIES (Continued)**

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21	Bonds .....		
14.22	Preferred Stock .....		
14.23	Common Stock .....		
14.24	Short-Term Investments .....		
14.25	Mortgages Loans on Real Estate .....		
14.26	All Other .....		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[ ] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[ ] No[ ] N/A[X]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ ..... 0

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
COMERICA BANK - LYNN HUTZEL-UISEL .....	611 WOODWARD AVE., DETROIT, MI 48226 .....
.....	.....
.....	.....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
.....	.....	.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[ ] No[X]

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason
.....	.....	.....	.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1	2
Name of Firm or Individual	Affiliation
Comerica Securities - Lynn Hutzal-Visel .....	..... U .....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes[X] No[ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes[X] No[ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
17079 .....	Comerica Securities .....	.....	SEC .....	DS .....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[ ] No[X]

18.2 If no, list exceptions:

NOT REQUIRED BY STATE OF DOMICILE

19. By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5\*GI securities?

Yes[ ] No[X]

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:	
1.1 A&H loss percent	81.620%
1.2 A&H cost containment percent	0.190%
1.3 A&H expense percent excluding cost containment expenses	15.220%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[ ] No[X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[ ] No[X]

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Affiliates</b>								
60739 .....	74-0484030 .....	..... 11/01/2017 .....	AMERICAN NATL INS CO .....	TX .....	..... SSL/L/I .....	Authorized .....	.....	.....

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**  
**Current Year to Date - Allocated by States and Territories**

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL) .....	N								
2.	Alaska (AK) .....	N								
3.	Arizona (AZ) .....	N								
4.	Arkansas (AR) .....	N								
5.	California (CA) .....	N								
6.	Colorado (CO) .....	N								
7.	Connecticut (CT) .....	N								
8.	Delaware (DE) .....	N								
9.	District of Columbia (DC) .....	N								
10.	Florida (FL) .....	N								
11.	Georgia (GA) .....	N								
12.	Hawaii (HI) .....	N								
13.	Idaho (ID) .....	N								
14.	Illinois (IL) .....	N								
15.	Indiana (IN) .....	N								
16.	Iowa (IA) .....	N								
17.	Kansas (KS) .....	N								
18.	Kentucky (KY) .....	N								
19.	Louisiana (LA) .....	N								
20.	Maine (ME) .....	N								
21.	Maryland (MD) .....	N								
22.	Massachusetts (MA) .....	N								
23.	Michigan (MI) .....	L	49,899,983						49,899,983	
24.	Minnesota (MN) .....	N								
25.	Mississippi (MS) .....	N								
26.	Missouri (MO) .....	N								
27.	Montana (MT) .....	N								
28.	Nebraska (NE) .....	N								
29.	Nevada (NV) .....	N								
30.	New Hampshire (NH) .....	N								
31.	New Jersey (NJ) .....	N								
32.	New Mexico (NM) .....	N								
33.	New York (NY) .....	N								
34.	North Carolina (NC) .....	N								
35.	North Dakota (ND) .....	N								
36.	Ohio (OH) .....	N								
37.	Oklahoma (OK) .....	N								
38.	Oregon (OR) .....	N								
39.	Pennsylvania (PA) .....	N								
40.	Rhode Island (RI) .....	N								
41.	South Carolina (SC) .....	N								
42.	South Dakota (SD) .....	N								
43.	Tennessee (TN) .....	N								
44.	Texas (TX) .....	N								
45.	Utah (UT) .....	N								
46.	Vermont (VT) .....	N								
47.	Virginia (VA) .....	N								
48.	Washington (WA) .....	N								
49.	West Virginia (WV) .....	N								
50.	Wisconsin (WI) .....	N								
51.	Wyoming (WY) .....	N								
52.	American Samoa (AS) .....	N								
53.	Guam (GU) .....	N								
54.	Puerto Rico (PR) .....	N								
55.	U.S. Virgin Islands (VI) .....	N								
56.	Northern Mariana Islands (MP) .....	N								
57.	Canada (CAN) .....	N								
58.	Aggregate other alien (OT) .....	X X X								
59.	Subtotal .....	X X X	49,899,983						49,899,983	
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X								
61.	Total (Direct Business) .....	X X X	49,899,983						49,899,983	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	X X X								

(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above Not allowed to write business in the state

- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**  
**MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

TOTAL HEALTH CARE, INC. – PARENT  
38-2018957, NAIC #95644, STATE OF MICHIGAN

TOTAL HEALTH CARE USA, INC. – WHOLLY OWNED SUBSIDIARY OF TOTAL HEALTH CARE, INC.  
383240485, NAIC #12326, STATE OF MICHIGAN

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
1238 ..	TOTAL HEALTH GROUP .....	95644	38-2018957 ..	.....	.....	.....	TOTAL HEALTH CARE INC .....	.. MI ..	.. UDP ..	.....	.....	.....	.....	.... N ....	.....
1238 ..	TOTAL HEALTH GROUP .....	12326	38-3240485 ..	.....	.....	.....	TOTAL HEALTH CARE USA INC .....	.. MI ..	... RE ..	TOTAL HEALTH CARE INC .....	Ownership .....	..... 100.0	TOTAL HEALTH CARE INC	.... N ....	.....

Asterisk	Explanation
0000001	.....

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE
No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



12326201836500001

2018

Document Code: 365



**OVERFLOW PAGE FOR WRITE-INS**

**ASSETS**

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	.....	.....	.....	.....
2504. ....	.....	.....	.....	.....
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	.....	.....	.....	.....

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1  Current Year To Date	2  Prior Year To Date	3  Prior Year Ended December 31
4704. ....	.....	.....	.....
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....	.....	.....	.....

STATEMENT AS OF **March 31, 2018** OF THE **TOTAL HEALTH CARE USA, INC.**

SCHEDULE A - VERIFICATION

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8 )		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	995,850	1,000,540
2. Cost of bonds and stocks acquired		1,000,000
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	(4,230)	(5,690)
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		999,000
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	991,620	995,850
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	991,620	995,850

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>									
1.	NAIC 1 (a) .....	995,850			(4,230)	991,620			995,850
2.	NAIC 2 (a) .....								
3.	NAIC 3 (a) .....								
4.	NAIC 4 (a) .....								
5.	NAIC 5 (a) .....								
6.	NAIC 6 (a) .....								
7.	Total Bonds .....	995,850			(4,230)	991,620			995,850
<b>PREFERRED STOCK</b>									
8.	NAIC 1 .....								
9.	NAIC 2 .....								
10.	NAIC 3 .....								
11.	NAIC 4 .....								
12.	NAIC 5 .....								
13.	NAIC 6 .....								
14.	Total Preferred Stock .....								
15.	Total Bonds & Preferred Stock .....	995,850			(4,230)	991,620			995,850

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals .....					

NONE

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....		315,692
2.	Cost of short-term investments acquired .....		
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....		315,692
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....		
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....		

**SI04   Schedule DB - Part A Verification   ..... NONE**

**SI04   Schedule DB - Part B Verification   ..... NONE**

**SI05   Schedule DB Part C Section 1   ..... NONE**

**SI06   Schedule DB Part C Section 2   ..... NONE**

**SI07   Schedule DB - Verification   ..... NONE**

**SCHEDULE E - PART 2 - VERIFICATION**  
**(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	611,162	.....
2.	Cost of cash equivalents acquired .....	1,515,614	5,368,724
3.	Accrual of discount .....	.....	.....
4.	Unrealized valuation increase (decrease) .....	.....	.....
5.	Total gain (loss) on disposals .....	.....	.....
6.	Deduct consideration received on disposals .....	1,500,000	4,757,562
7.	Deduct amortization of premium .....	.....	.....
8.	Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9.	Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	626,776	611,162
11.	Deduct total nonadmitted amounts .....	.....	.....
12.	Statement value at end of current period (Line 10 minus Line 11) .....	626,776	611,162

<b>E01</b>	<b>Schedule A Part 2</b>	<b>NONE</b>
<b>E01</b>	<b>Schedule A Part 3</b>	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 2</b>	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 3</b>	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 2</b>	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 3</b>	<b>NONE</b>
<b>E04</b>	<b>Schedule D Part 3</b>	<b>NONE</b>
<b>E05</b>	<b>Schedule D Part 4</b>	<b>NONE</b>
<b>E06</b>	<b>Schedule DB Part A Section 1</b>	<b>NONE</b>
<b>E07</b>	<b>Schedule DB Part B Section 1</b>	<b>NONE</b>
<b>E08</b>	<b>Schedule DB Part D Section 1</b>	<b>NONE</b>
<b>E09</b>	<b>Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity</b>	<b>NONE</b>
<b>E09</b>	<b>Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity</b>	<b>NONE</b>
<b>E10</b>	<b>Schedule DL - Part 1 - Securities Lending Collateral Assets</b>	<b>NONE</b>
<b>E11</b>	<b>Schedule DL - Part 2 - Securities Lending Collateral Assets</b>	<b>NONE</b>

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances									
1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
				Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository		Code	Rate of Interest			First Month	Second Month	Third Month	*
open depositories									
FIRST INDEPENDENCE									
NAT'L BANK	FINB					1,000	1,000	1,000	X X X
COMERICA BANK	Comerica Bank		0.610	131,647	61,815	50,469,417	55,890,564	59,329,694	X X X
Bank Of America	Bank Of America					1,620,657	1,500,408	1,623,711	X X X
Armstrong Bank	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
Bank of Belleville	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
Bank of Feather River	FINB - CDARS	06/21/2018	1.150		1,781	198,895	198,895	198,895	X X X
Bank 7	FINB - CDARS	06/21/2018	1.150		2,180	243,500	243,500	243,500	X X X
BankFirst	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
BankStar Financial	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
BOKF, National Association	FINB - CDARS	06/21/2018	1.150		2,180	243,500	243,500	243,500	X X X
Capital Bank, National Association	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
Citizens National Bank	FINB - CDARS	06/21/2018	1.150		308	34,345	34,345	34,345	X X X
Citizens Savings Bank and Trust Co.	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
Enterprise Bank and Trust Company	FINB - CDARS	06/21/2018	1.150		2,180	243,500	243,500	243,500	X X X
First National Bank of Oklahoma	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
Five Star Bank	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
Gold Coast Bank	FINB - CDARS	06/21/2018	1.150		2,180	243,500	243,500	243,500	X X X
Hawthorn Bank	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
Independent Bank	FINB - CDARS	06/21/2018	1.150		233	26,000	26,000	26,000	X X X
Isabella Bank	FINB - CDARS	06/21/2018	1.150		1,032	115,173	115,173	115,173	X X X
John Marshall Bank	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
LegacyTexas Bank	FINB - CDARS	06/21/2018	1.150		2,180	243,500	243,500	243,500	X X X
Mohave State Bank	FINB - CDARS	06/21/2018	1.150		419	46,785	46,785	46,785	X X X
Nicolet National Bank	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
NCB, N.A.	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
Pinnacle Bank	FINB - CDARS	06/21/2018	1.150		2,180	243,500	243,500	243,500	X X X
Prudential Bank	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
Select Bank & Trust Co.	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
SpiritBank	FINB - CDARS	06/21/2018	1.150		2,180	243,500	243,500	243,500	X X X
Stockmans Bank	FINB - CDARS	06/21/2018	1.150		1,210	135,056	135,056	135,056	X X X
The State Bank and Trust Company	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
TriState Capital Bank	FINB - CDARS	06/21/2018	1.150		2,181	243,500	243,500	243,500	X X X
TIAA, FSB	FINB - CDARS	06/21/2018	1.150		1,064	118,756	118,756	118,756	X X X
Valley National Bank	FINB - CDARS	06/21/2018	1.150		2,180	243,500	243,500	243,500	X X X
Valley National Bank	FINB - CDARS	06/21/2018	1.150		278	31,036	31,036	31,036	X X X
West Bank	FINB - CDARS	06/21/2018	1.150		1,343	149,953	149,953	149,953	X X X
Broadway Federal Bank, f.s.b	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Busey Bank	FINB - CDARS	06/28/2018	1.150		1,716	196,466	196,466	196,466	X X X
Catskill Hudson Bank	FINB - CDARS	06/28/2018	1.150		114	13,000	13,000	13,000	X X X
Central Bank of St. Louis	FINB - CDARS	06/28/2018	1.150		170	19,500	19,500	19,500	X X X
Crestmark Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Farm Bureau Bank FSB	FINB - CDARS	06/28/2018	1.150		437	50,000	50,000	50,000	X X X
First County Bank	FINB - CDARS	06/28/2018	1.150		10	1,089	1,089	1,089	X X X
Herring Bank	FINB - CDARS	06/28/2018	1.150		581	66,483	66,483	66,483	X X X
Howard Bank	FINB - CDARS	06/28/2018	1.150		2,126	243,500	243,500	243,500	X X X
Independence Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Iowa State Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Landmark Bank, National Association	FINB - CDARS	06/28/2018	1.150		2,126	243,500	243,500	243,500	X X X
Landmark Community Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Mabrey Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Northern Bank & Trust Company	FINB - CDARS	06/28/2018	1.150		2,126	243,500	243,500	243,500	X X X
Old Line Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Old National Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Pathfinder Bank	FINB - CDARS	06/28/2018	1.150		2,126	243,500	243,500	243,500	X X X
People's Bank of Seneca	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Republic Bank & Trust Company	FINB - CDARS	06/28/2018	1.150		227	26,000	26,000	26,000	X X X
Revere Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Seneca Federal Savings & Loan Assn	FINB - CDARS	06/28/2018	1.150		227	26,000	26,000	26,000	X X X
Signature Bank	FINB - CDARS	06/28/2018	1.150		2,126	243,500	243,500	243,500	X X X
Southern States Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Sunrise Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
The Bank of Tioga	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
The Park National Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
The Victory Bank	FINB - CDARS	06/28/2018	1.150		34	3,882	3,882	3,882	X X X
Treynor State Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
United Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Welch State Bank of Welch, Okla.	FINB - CDARS	06/28/2018	1.150		8	948	948	948	X X X
West Bank	FINB - CDARS	06/28/2018	1.150		346	39,631	39,631	39,631	X X X
Western Alliance Bank	FINB - CDARS	06/28/2018	1.150		2,127	243,500	243,500	243,500	X X X
Z B N A Instl CTF Dep Program 3/ .90%	Comerica Bank	01/22/2018	0.900	2,053					X X X



**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances										
1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
Investors SVGS Bk Short Hills NJ .95% .....	Comerica Bank .....	03/27/2018 .....		0.950 .....	2,375 .....			249,935 .....		X X X
USNY Bk Geneva NY 1.00% ..	Comerica Bank .....	04/04/2018 .....		1.000 .....	2,274 .....	249,835 .....	249,923 .....	249,983 .....		X X X
Bank of China New York City Brh 1.00% .....	Comerica Bank .....	01/29/2018 .....		1.000 .....	1,897 .....	249,823 .....				X X X
Merrick Bk South Jordan Utah 1.05% .....	Comerica Bank .....	04/19/2018 .....		1.050 .....	647 .....	93 .....	249,888 .....	249,945 .....		X X X
Metabank Storm Lake Iowa 1.00% .....	Comerica Bank .....	02/28/2018 .....		1.000 .....	2,096 .....	249,790 .....				X X X
Triumph Bk Germantown Tenn 1.00% .....	Comerica Bank .....	03/28/2018 .....		1.000 .....	616 .....	249,940 .....	249,943 .....			X X X
Green Bk Natl Assn Houston Tex 1.15% .....	Comerica Bank .....	03/21/2018 .....		1.150 .....	709 .....	249,845 .....	249,980 .....			X X X
New York Cmnty Bk Westbury NY 1.40% .....	Comerica Bank .....	05/30/2018 .....		1.400 .....		2,052 .....	249,928 .....	249,913 .....	249,943 .....	X X X
Goldman Sachs Bk USA New York 1.35% .....	Comerica Bank .....	07/05/2018 .....		1.350 .....		1,655 .....	249,908 .....	249,795 .....	249,793 .....	X X X
State Bk India New York 1.35%	Comerica Bank .....	06/28/2018 .....		1.350 .....		1,711 .....	249,778 .....	249,813 .....	249,815 .....	X X X
First Fndtn Bk Irvine CA 1.35%	Comerica Bank .....	07/16/2018 .....		1.350 .....		1,544 .....	249,797 .....	249,762 .....	249,757 .....	X X X
Bank Baroda New York BRH 1.40% .....	Comerica Bank .....	08/24/2018 .....		1.400 .....		1,227 .....	249,745 .....	249,698 .....	249,660 .....	X X X
Beal Bk USA Las Vegas Nev 1.50% .....	Comerica Bank .....	10/31/2018 .....		1.500 .....		1,264 .....	249,708 .....	249,618 .....	249,495 .....	X X X
Mountain Comm Bk Erwin Tenn 1.35% .....	Comerica Bank .....	08/03/2018 .....		1.350 .....	832 .....	268 .....	249,693 .....	249,720 .....	249,705 .....	X X X
Chemical Bk Midland Mich 1.60% .....	Comerica Bank .....	09/28/2018 .....		1.600 .....		1,030 .....	249,700 .....	249,872 .....	249,762 .....	X X X
State Bk & Tr Co Macon GA 1.75% .....	Comerica Bank .....	12/31/2018 .....		1.750 .....	348 .....	372 .....	249,945 .....	249,852 .....	249,668 .....	X X X
Bank of China New York City Brh 1.65% .....	Comerica Bank .....	11/23/2018 .....		1.650 .....		429 .....	249,915 .....	249,820 .....	249,638 .....	X X X
Needham Bk Mass 1.80% .....	Comerica Bank .....	12/07/2018 .....		1.800 .....		308 .....			249,840 .....	X X X
Sonabank Natl Assn Charlottesvil 1.85% .....	Comerica Bank .....	12/28/2018 .....		1.850 .....		38 .....			249,865 .....	X X X
Starion Bk Bismark N D Ctf Dep 1.85% .....	Comerica Bank .....	12/28/2018 .....		1.850 .....					249,865 .....	X X X
Sussexbank Franklin NJ Ctf Dep 1.90% .....	Comerica Bank .....	01/28/2019 .....		1.900 .....					249,848 .....	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..			X X X	X X X						X X X
0199999 Totals - Open Depositories .....			X X X	X X X	143,220	186,743	68,338,422	73,639,502	77,450,985	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....			X X X	X X X						X X X
0299999 Totals - Suspended Depositories .....			X X X	X X X						X X X
0399999 Total Cash On Deposit .....			X X X	X X X	143,220	186,743	68,338,422	73,639,502	77,450,985	X X X
0499999 Cash in Company's Office .....			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash .....			X X X	X X X	143,220	186,743	68,338,422	73,639,502	77,450,985	X X X

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>Bonds - SVO Identified Funds - Bond Mutual Funds as Identified by the SVO</b>								
				0.000				
				0.000				
				0.000				
				0.000				
5999999 Subtotals - Bonds - SVO Identified Funds - Bond Mutual Funds as Identified by the SVO								
6099999 Subtotals - Bonds - SVO Identified Funds								
7799999 Subtotals - Bonds - Total Bonds - Issuer Obligations								
7899999 Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities								
7999999 Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities								
8099999 Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities								
8199999 Subtotals - Bonds - SVO Identified Funds								
8399999 Subtotals - Bonds - Total Bonds								
8499999 Subtotals - Sweep Accounts								
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
09248U700	Blackrock Liquidity Fed Fund	SD	07/01/2016	1.180	X X X	8,458	10	18
09248U700	Blackrock Liquidity Fed Fund	O	07/01/2016	1.180	X X X	618,318	888	2,069
09248U700	Blackrock Liquidity Fed Fund	SD	07/01/2016	1.180	X X X			
09248U700	Blackrock Liquidity Fed Fund	O	07/01/2016	1.180	X X X			
8599999 Subtotals - Exempt Money Market Mutual Funds - as Identified by SVO						626,776	898	2,087
8699999 Subtotals - All Other Money Market Mutual Funds								
8799999 Subtotals - Other Cash Equivalents								
8899999 Total - Cash Equivalents						626,776	898	2,087

QE13

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